



2011-2012 Avalon Church Moms Meeting Moms Registration Form

Welcome to our group! Please complete this form so we can learn some basic information about you.

Last Name: _____ First Name: _____

Home Phone: _____ Alternate Phone: _____

Address: _____

City: _____ State: _____ Zip code: _____

Email: _____ Birthday: _____

Home church (if applicable): _____

How did you hear about this Moms group? _____

Please list your child(ren)'s name(s) and birthdate(s):

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Husband's Name (if applicable): _____

Membership Fee \$20.00